

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 10, 2000 08:00 AM
Secretary of State****DOCUMENT # 286370****1. Entity Name**

JOSEPH N. HOLTON, CONSTRUCTION COMPANY, INC.

Principal Place of Business

1123 SE 4TH STREET

GAINESVILLE FLA
32601**Mailing Address**

1123 SE 4TH STREET

GAINESVILLE FLA
32601**2. Principal Place of Business**

1123 SE 4TH STREET

3. Mailing Address

1123 SE 4TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
GAINESVILLE FL**City & State**
GAINESVILLE FL**4. FEI Number**
59-1058205**Applied For**
Not Applicable**Zip**
326018019**Country****Zip**
326018019**Country****5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**HOLTON, DANIEL L.
1123 S.E. FOURTH ST.GAINESVILLE FL
326018007**Name****Street Address** (P.O. Box Number is Not Acceptable)**City****FL** **Zip Code****8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.****SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

01/10/2000

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees****11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	V	<input type="checkbox"/> Delete
NAME	FLOYD GARY L.	
STREET ADDRESS	5615 SW 105TH AVENUE	
CITY-ST-ZIP	GAINESVILLE FL 32608	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	HOLTON, JOSEPH	
STREET ADDRESS	3816 SW 84TH ST	
CITY-ST-ZIP	GAINESVILLE FL 32608	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input type="checkbox"/> Delete
NAME	HOLTON, DOROTHY L.	
STREET ADDRESS	3816 SW 84TH ST	
CITY-ST-ZIP	GAINESVILLE FL 32608	

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLTON, DEANN D.	
STREET ADDRESS	14617 SW 79TH STREET	
CITY-ST-ZIP	ARCHER FL 326189633	

TITLE	PSD	<input type="checkbox"/> Delete
NAME	HOLTON, DANIEL	
STREET ADDRESS	14617 SW 79TH STREET	
CITY-ST-ZIP	ARCHER, FLORIDA 00000 32618	

TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLTON, DANIEL	
STREET ADDRESS	14617 SW 79TH STREET	
CITY-ST-ZIP	ARCHER FL 326189633	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**SIGNATURE: DANIEL L. HOLTON****PSD 01/10/2000**